## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY	
REINSTATEMENT	

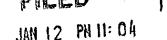


## FLORIDA DEPARTMENT OF STATE Katheline Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED



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DOCUMENT # L 9900007117  1. Limited Liability Company's Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
TURNE	RULL VEN	TURES	t, LL	ر ا	Ri	einstate		T20	<u> </u>
2. Principal Office Add	dress	3. Mailing Office Ad	idress						
, , , , , , , , , , , , , , , , , , ,			<u> </u>			ntry of Formation			
Suite, Apt. #, etc. Suite, Apt. #,			<u></u>		. 1	FLORIDA			
				5	Date Orga	nized or Qualified	10.1		
City & State City & State						siness in Florida / 0 /	139/1		Щ.
ORLANS	75 -FL	- 5A.F	1E -	· · · · · · · · · · · · · · · · · ·	FEI Numb	er - 360 7665		Applied Fo	{I
Zip	Country	Zìp	Country		<u> </u>	- 360 7665		Not Applica	3355
31808	Country		•		CERTIFICAT	E OF STATUS DESIRED		෩ුණා ගුළු ෩෦෨෦෦෫෧෦ඁඁ෦ඁ෭ඁ෦	
· ]	·········	8. Name a	nd Address of	Current Registered	Agent		<u>,                                      </u>		
10/0	# UM PHR ('E')  ddress (P.O. Box Number is N  SHUTT 5   ot. # Etc.	S J. ot Acceptable)	GREG	0RY ES	9	0000385 -03/16/01 *****50.0 ルムモ ムゾモ	0105 m **	;5+-: 9021 ***50.00	9 3
30.0,7,4	bt. #, Etc.				<del></del>				<u></u> .
City	ORLANDO					State Zip Code FL 328	01		
Signature of Registered Agent	the registered agent of the abo	EGISTERED AGENT M	UST SIGN			Date 12/2/	00_		
10. Names and Stree	et Addresses of Managing Mer	nbers/Managers					<del></del>		
Titles	Name of Managing Members/ Managers			Street Address of Each Managing Member/Manager			City / State / Zip		
HGRM- DO	DNALD Q. ME	FALEY 37.	11 W.	COLONIA	L DA	ORLANDO,	-F-L-	3280	8
MGRM W	WARNER PE	APOCK 37	72 w.	COLDNIA	in DR	DRLANDU.	Fh	32808	3
					5	0000385 -03/16/01	596 0105	35: 3022	:3
• 0						****150.0	30 ***	**150.00	3
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<u>i</u>									
filing this reinstate	managing member/manager o ment application the reason for ne limited liability company hav oath.	' ¢∕ssolution has been el	imin#ed, the lin	nited liability company	name satisfic	es the requirements of sect	tion 608.406	<ol> <li>F.S., and that</li> </ol>	at
Signature of Managing Member/Ma	nager (U) (L		*	Date /2/2	1/00	Daytime Phone #407	622	<u>-8864</u>	_
Typed or printed name	of signing Managing Member	∕Manager <i>I</i> ∕∨	· uski	RNER F					